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ABSTRACT

Clinical research on sexual behavior has increased dramatically in the last decade. Connected with these efforts has been the need to understand more about sexuality in order to help reduce the spread of human immunodeficiency virus. This report details the results of a study of men (N=536) aged 18 to 30 years, who reported having had sex with a man and with a woman in the past 3 years. Approximately 50 percent of the respondents were white and 50 percent were African American. Follow-up interviews with nearly 220 men were conducted one year later. Discussed are issues of sexual orientation, diversity among bisexual men, society's valuation of bisexuality, identity confusion, relationships issues, bisexuality and HIV/AIDS, and implications for clinical practice. Many of the problems experienced by non-heterosexual persons are rooted in the lack of societal tolerance for uncommon sexuality. Bisexual clients may feel extreme alienation as they confront pervasive unacceptance in both the heterosexual and the homosexual communities. Bisexual clients' marginalization is compounded by the lack of bisexual communities and the subsequently fewer options for external support. Clinicians can help bisexual clients' confusion by framing it as a normal, adaptive response to society's dichotomous view of sexuality. Contains 30 references. (RJM)

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Directions in Mental Health Counseling

VOLUME 5 • LESSON 8

Counseling and Psychotherapy for Bisexual Men

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Editor's Note

Because the dominant heterosexual–homosexual paradigm in our society does not make room for bisexuality, people tend to harbor rigid notions of "sexually correct" behavior and, unfortunately, are not inclined to consider human sexuality along a more inclusive continuum. Indeed, it is indicative of Western culture's myopic views on sexuality that, even as economic and technologic advancements globalize human experience and celebrate humanity's diversity, westerners cling to a monolitnic reverence of heterosexuality and frame their reaction to all other expressions of sexuality in terms of its antipode, homosexuality.

The morally superior stature of heterosexuality has long fostered fierce resistance to the mere suggestion that a healthy romantic relationship between two persons of the same sex can have moral legitimacy. Bisexuality delivers an extremely unsettling challenge to the traditional western conceptualization of human sexuality—i.e., that the gender of a potential lover does not constitute the ultimate basis for attraction. After all, at least homosexuality presents a definitive, (gender) boundary for sexual desire. As the authors point out, the idea of co-occuring heterosexual and homosexual attraction threatens both homosexual and heterosexual persons by positing a gender-inclusive premise for romantic relationships.

The primary problems experienced by nonheterosexual persons are rooted in the fundamental lack of societal tolerance for their uncommon sexuality. The psychological consequences can be quite devastating and may engender alienation, depression, and anxiety in nonheterosexual persons. Bisexual clients may present with the additional need to work through feelings of alienation and invalidation; such feelings are exacerbated by the belief—relatively pervasive in homosexual communities—that bisexuals are unwilling to accept fully their putative homosexuality. This marginalization of bisexual clients is compounded by the fact that, because bisexual communities are rather uncommon, bisexual persons have few options for external support.

Clinicians should be aware that their bisexual clients who have internalized societal standards may be wracked with guilt over their nonconformity. They may begin to associate pleasurable, bisexual feelings and behaviors with shame and suffer profound despondence. In addition to discussing clinical interventions for self-esteem enhancement and examining the complications germane to the HIV/AIDS epidemic, the authors explore the behavioral manifestations of this crisis of confused association. By assisting bisexual clients in working through their confusion, clinicians can effectively reframe it as a normal, adaptive response to society's simplistic, dichotomous view of sexuality.

Introduction

Clinical research on sexuality or sexual behavior has emerged largely within the last decade. In that period—largely due to our need to understand more about sexual behavior in order to help reduce the spread of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)—**research on sexual behavior, especially homosexual and bisexual behavior, has increased dramatically**.

Our research group has studied bisexual men for several years with the hope that increasing our knowledge of men who have sex with both men and women will help us develop interventions to reduce sexual behaviors that put people at risk for HIV infection.

Our most recent work on bisexual men involved an interview study of 536 men, aged 18 to 30 years, who reported having had sex with a man and with a woman in the past 3 years. Approximately 50% of the respondents were white and 50% were African-American. All interviews were confidential, and respondents had the option of participating anonymously. We also conducted follow-up interviews 1 year later with nearly 220 men who had given us identifying information and permission to recontact them.

We sampled a variety of sources to reduce sampling bias and maximize sample diversity. **The four recruitment sources were print advertisements; outreach into community settings, including public areas where men meet other men for sex; outreach in bars, both homosexual and mixed; and snowball sampling, wherein respondents referred others to the study**. (For more details about the sample and our procedures, see McKirnan, Stokes, Doll, & Burzette, 1994.)

In this lesson, we will describe how our findings about bisexual men might be useful to clinicians. We emphasize that **our research presented herein focuses entirely on bisexual men**.

The Sexual Orientation Continuum

Much received wisdom about sexual orientation is essentially dichotomous; i.e., a person is either heterosexual or homosexual. We believe this to be an oversimplification of sexual feelings and expression, and **prefer viewing sexual orientation as a continuum with a wide range of preferences**. To illustrate the notion of a continuum, let us consider sexual attraction.

There are heterosexual persons for whom homosexual behavior has no appeal whatsoever, just as there are homosexual persons who find even the thought of engaging in heterosexual behavior abhorrent. **Between these mutually exclusive sexual populations are people who are equally attracted to men and women**. Various other points on the continuum exist, each with its own balance of attraction to same-sex and opposite-sex partners. **A person's place on the continuum may change as he or she develops and has new experiences**.

Available data support the idea that sexual orientation, by its nature, is not dichotomous. Studies of homosexual persons (e.g., Bell & Weinberg, 1978) always find **substantial proportions of self-identified homosexual men and lesbians who have had heterosexual experience or who have sexual feelings that are not exclusively homosexual**. In addition, studies of the general population find **some proportion of self-identified heterosexual persons who have experienced homosexual sex and a larger proportion who have felt sexual attraction to members of the same sex**.

Several recent studies (e.g., Michael, Gagnon, Laumann, & Kolata, 1994) have attempted to estimate the prevalence of homosexual or bisexual behavior in men. Of course, the prevalence of bisexual or homosexual men depends on the definitions of those terms. Because sexual orientation definitions are subjective, researchers interested in studying bisexuality must make some fairly arbitrary decisions about how to determine *bisexuality*

and how to locate bisexual people for their research. Estimating prevalence rates for these populations also is **inherently problematic because the validity of self-reported information about stigmatized behavior is suspect**. As evidence that homosexual behavior is stigmatized in the United States today, the recent Sex in America survey (Michael et al., 1994) found that 65% of respondents thought sexual relations between two adults of the same sex was "always" or "almost always" wrong. In our society, **it is likely that a significant number of men who have thought about and/or who have engaged in homosexual behavior would be less than honest in an interview**.

Nonetheless, recent surveys of sexual behavior have employed sophisticated sampling techniques, and their results are indeed informative. Only a few of these surveys have focused on bisexual behavior per se. An analysis of the 1970 survey data of U. S. adult men by the Kinsey Institute for Sex Research (Fay, Turner, Klassen, & Gagnon, 1989) estimated that **8% of currently married men had adult homosexual contacts either "occasionally" or "fairly often" at some point in their lives**. Smith (1993) estimated that **nearly 5% of men had had both male and female sexual partners since age 18**. Data from a survey of Playboy readers (Lever, Kanouse, Rogers, Carson, & Hertz, 1992) revealed that 4.6% of respondents self-identified as bisexual and 12.5% reported that their adult sexual experience had been neither exclusively heterosexual nor exclusively homosexual. Results from this survey clearly cannot be generalized to the larger population, so the extent of bias with respect to bisexuality is difficult to estimate. An extensive telephone survey in France ("Landmark French..." 1993) found that 4% of men reported same-sex intercourse during their lifetime, and 82% of these men had also had sex with a woman. **In the most recent and comprehensive survey of sexual behavior in the United States** (Michael et al., 1994), **0.6% of men had had both male and female partners during the past 12 months**.

These recent, well-designed studies have reported rates of homosexual behavior as well. Of men who responded to a large survey in Britain ("Landmark French...," 1993) 6% had had some homosexual experience. In the survey by Michael and associates (1994), 9% of the men reported same-sex sexual experience since puberty, 5% since age 18, and almost 3% during the past year. Approximately 3% of the men surveyed self-identified as homosexual or bisexual. Of the men in this study between the ages of 18 and 44, 6% said they found "having sex with someone of the same sex" "somewhat" or "very" appealing.

The rates of homosexual behavior for men are much higher in large, urban areas. In the British survey, 12% of the men in London reported having had same-sex sexual experience. In the French study, the rate of lifetime same-sex intercourse was 4.7 times higher in Paris than in rural areas. **In the most recent U.S. survey, 9% of the men in the 12 largest cities self-identified as bisexual or homosexual**.

DEFINITIONAL AND SAMPLING ISSUES:

The **two basic approaches used to define bisexuality focus on behavior** (e.g., sexual behavior within a specified time frame) **or self-identity** (e.g., whether a respondent described himself as homosexual, bisexual, or heterosexual). Each approach produces different groupings of bisexual men. **Men who have had sex with both men and women generally do not identify themselves as bisexual. Also, not every respondent who identifies himself as bisexual has had sexual experiences with both men and women. To be sure, both the sexual behavior and self-identity of a person may represent different constructs for any given client**.

Perhaps the greatest challenge in conducting research on bisexual men involves obtaining samples that are representative of a broad cross-section of people. **As with any hidden, stigmatized, difficult-to-reach group, it is impossible to assure the accurate representation of**

a particular sample of bisexual respondents. We possess only *notions* of what constitutes the population of "bisexual" persons.

Most of the existing literature has relied on sampling procedures that severely limit our ability to generalize results to the larger population of bisexual men. Recent studies of bisexuals were based largely on clinic-based samples (e.g., HIV antibody testing sites or clinics where sexually transmitted diseases are treated). Other studies rely on data from persons with HIV or AIDS. Such samples probably do not accurately represent the population of bisexual men, irrespective of definitional considerations.

Although these methodologic issues are largely irrelevant to clinical practice, we **emphasize these issues to make mental health professionals aware of the limitations of applying the implications of research to clinical practice. Readers of studies of bisexual persons should realize that the reported findings cannot be generalized to either the larger population of bisexual persons or individual clients.**

LIMITATIONS OF CLASSIFICATION SYSTEMS:

Classification systems are useful in a heuristic sense and illuminate the wide diversity among bisexual persons. **Perhaps we should use the term *bisexualities* to emphasize this diversity**. Clinicians certainly should recognize and discard any preconceived stereotypes they hold about how bisexuality is or should be expressed. They need to develop flexible "bisexual schemata" that acknowledge the varied types of bisexualities. On the other hand, classification systems tend to oversimplify the phenomena of bisexuality and do not necessarily increase our understanding of individual clients.

Rather than try to fit clients into categories, clinicians and their clients should explore the clients' sexual orientation on a number of dimensions. **One useful approach (Klein, 1986) entails examining sexuality in terms of sexual attraction, emotional attraction, sexual behavior, sexual fantasies, involvement in homosexual or heterosexual networks, and self-identification. Klein recommended that each dimension be seen as a continuum from completely homosexual to completely heterosexual, and that each dimension be discussed in terms of past, present, and ideal future feelings or behavior**. This approach explicitly recognizes that sexual feelings, behavior, and identity need not be consistent over time. Through the incorporation of different time frames, this approach also recognizes that sexual orientation is not necessarily constant over time.

Diversity Among Bisexual Men

The men who met our criterion of having had sex with a man and with a woman in the past 3 years were a diverse group, including heterosexually identified men with only occasional sexual contact with men and homosexually identified men with occasional sexual contact with women. **To clarify the diversity within our sample, we developed four categories: men in transition, occasional experimenters, opportunists, and participants in dual involvement**. As with any such scheme, specific men may not fall neatly into any one category, but being able to categorize particular men was not our goal. Instead, we intended to illustrate the diversity of men who have had sexual contact with both male and female partners. **This particular system of categories was influenced by our experience in talking with the respondents in our study, as well as by the categorization systems developed by other researchers** (Beeker, Rose, & Ames, 1990; Boulton & Coxon, 1991; Gagnon, 1977; Hartfield, Smith, & Perdue, 1990; Klein, 1986).

MEN IN TRANSITION:

Bisexual behavior and self-identity are part of the "coming out" process for many homosexual men. **Using the label "bisexual" can lessen anxiety until self-identity as a homosexual man is relatively comfortable**. Over time, this population will become behaviorally

homosexual. **Men in this group often are troubled by their homosexual behavior and probably are the most likely to seek psychotherapy to deal with issues of sexuality**. In theory, the transition could move the person in the other direction as well (a transition from homosexuality to heterosexuality), but this seems unlikely given the expectation that children will be heterosexual and the societal societal bias in favor of heterosexuality.

Tim is an example of a transitional bisexual man. At the time of his first interview, Tim, 19 years old, self-identified as bisexual. Tim's sexual experience had consisted of a single encounter with a woman and three isolated experiences with men, all of which occurred in the context of alcohol use. At the second interview, 1 year later, Tim had a steady boyfriend, went to gay bars nearly once a week, and self-identified as gay.

Not all transitions occur as quickly or are as clearly defined as Tim's. For example, Bob was 25 years old at the time of his first interview and lived with his girlfriend, Janice, whom he had been dating since high school. They were good friends, and he valued the comfort his relationship with her brought him, although they rarely had sex. Janice was the only woman with whom Bob had ever had sex. Bob, who had been aware of his attraction to men for approximately 5 years, had engaged in sex with three men; two of these encounters were anonymous. By the second interview, Bob and Janice were no longer living together or involved romantically, but they were still friends. He had not told her about his attraction to men, although he did have an ongoing sexual relationship with another man. Bob still described himself as bisexual. Only time will tell whether Bob will self-identify as gay, but this seems a likely possibility.

OCCASIONAL EXPERIMENTERS:

Men in this category have had isolated incidents of deviation from their baseline sexual orientation (heterosexual or homosexual). Their same-sex or opposite-sex experience often consists of a single incident or a series of incidents (often with the same partner) during a limited time. **Their self-identity, as well as their future behavior, is usually consistent with their baseline orientation**.

Incidents of experimentation typically involve alcohol or other drug use, and occur with friends who initiate the sexual activity. In some cases, especially with younger men who have grown up with a greater tolerance for diverse sexualities, experimenting with homosexual behavior is a self-conscious attempt to have a different sexual experience. **Although these men meet a behavioral definition of bisexuality, they do not meet the general conception of bisexual**.

Examples of occasional experimenters include Russ, a gay-identified man who had sex with a close female friend one night after they had been to a party, and Roy, who "fooled around" with one of his male friends "just to see what it was like."

OPPORTUNISTS:

For men in this group, **sex is a function of availability or access and is not associated with gender specificity, emotional involvement, or a multifaceted relationship**. Repeated sexual contacts with the same man usually do not occur or do so outside the context of a broader relationship. **Opportunists usually self-identify as heterosexual. In theory, this group could also include men who are basically homosexual but seek opportunistic sex with women; however, in practice, this is not a common pattern, probably because access to casual and anonymous sex with women is limited.**

In some sense, this is a "catch all" group of a variety of types. Men who seek sexual experience in anonymous or casual-contact settings (public parks or restrooms) or through the media (telephone lines or personal ads) **maintain that they would not have sex with men if finding a female sexual partner were as easy as finding a male partner**. Of course, some of these men might really be in transition to homosexuality. Without following them over time, determining which men eventually will self-

identify as homosexual is not possible. **Other men in this group of opportunists seek sexual contact outside a relationship with a woman. They claim that sexual contact with men outside their heterosexual relationship is more acceptable than such contact with other women**. Some prostitutes would also fall into this group if their sexual activity with men is limited to partners who pay them for sex. Male prostitutes report that finding male customers is easier than finding female customers. **Men who have homosexual sex only in prison might fall into this category as well**.

Examples of men in the opportunistic group are quite varied. Tom is a 28-year-old, married man whose wife often travels on business. Occasionally, when she is out of town, he calls a gay telephone line and arranges to meet men for sex. In these encounters, he uses a pseudonym, goes to the other man's residence, and does not see the same man more than once. ***For Tom, these encounters are "just for sex" and do not threaten or even seem relevant to his marital relationship. Tom self-identifies as heterosexual.***

On the other hand, when Kurt is sexually involved with the women he dates, he has no interest in sex with men. However, ***when he is not involved with a woman, Kurt sometimes has anonymous sex with men in a local park or a pornographic bookstore where sex is available.*** *Kurt prefers sex with women and has sex with men only because it is more readily available.*

PARTICIPANTS IN DUAL INVOLVEMENT:

Men in this group experience emotional and sexual attraction to men and women. **It is likely that they have had or will have broadly based relationships with both men and women, either serially or concurrently. Self-identity is likely to be bisexual**, and even if behavior eventually becomes homosexual or heterosexual, bisexual attraction usually remains. Dual involvement refers to two aspects of these men's lives: **involvement—both sexual and emotional—with both men and women.**

Ron is married but also has a long-term relationship with a male lover. All parties are aware of the situation. Having simultaneous relationships with a man and with a woman is important to Ron.

In contrast, Jeff is currently living with a man, although his previous relationship was with a woman. He values monogamy, but is equally attracted to men and women. ***If his current relationship does not last, he cannot predict whether his next partner will be male or female.***

Society's Valuation of Bisexuality

There are a number of **myths about bisexual persons** (see Coleman, 1987; MacDonald, 1981; Paul, 1984; Zinik, 1985): **They are unable to love deeply or commit to a partner; they are promiscuous; and they are indecisive and confused**. However, **the most common myth is that they really are homosexual**.

The notion that homosexual attraction precludes heterosexual responsiveness follows logically from the specious view of sexual orientation as strictly dichotomous. Acknowledging the existence of bisexuality is often threatening because it means that the tidy categorization of people into either heterosexual or homosexual camps is illusory. Some people are uncomfortable with the idea that heterosexual attraction can co-occur with homosexual attraction in the same person; their status as heterosexual adults—a valued, dominant status in our society—is somehow threatened by bisexuality. Just as mixed-race children commonly are viewed as members of the nondominant group, bisexual persons are lumped with homosexual persons on the basis of their not being heterosexual. Thus, some members of the heterosexual community assume a bisexual person is really a homosexual person who is unwilling or unable to accept the stigmatization that the the heterosexual paradigm attributes to homosexuality (Blumstein & Schwartz, 1977; MacDonald, 1981).

Somewhat ironically, bisexual persons may also find a lack of acceptance from the homosexual community. **Some homosexual persons become irritated by what they view as the bisexual person's an inability to fully accept homosexuality. Instead, some homosexual adults see bisexuality as a cop-out**; they view bisexuality as being in conflict with gay liberation (Blumstein & Schwartz, 1977; Coleman, 1987; Zinik, 1985), a dishonest way to enjoy the resources of the gay community while avoiding the stigma of self-labelling as homosexual.

Therefore, **bisexual men feel marginalized by both heterosexual and homosexual communities**, leaving them vulnerable to feelings of alienation and invalidation. **Because communities of bisexual persons either do not exist or are extremely uncommon, the bisexual man has few options for external support. He can assert his bisexuality and weather subsequent attacks; he can hide his heterosexual attractions and activities from his homosexual peers and vice versa; or he can suppress part of his sexuality and live as heterosexual or homosexual**.

Clinicians should help bisexual men deal with stress and lack of support. Some bisexual men may react to this lack of support by **distancing themselves** from others and/or **compartmentalizing their lives**. Such compartmentalization often results in stressful patterns of lying or hiding aspects of one's life from others. **Therapy can provide these clients with a place where they can feel supported**, and successful therapy can help them integrate the ostensibly disparate areas of their lives and ease their sense of alienation.

Identity Confusion

When bisexual men internalize society's dichotomous classification of sexuality, a conflict arises between their view of sexuality and their sexual feelings for both genders. **The resulting confusion is likely to be particularly intense during the early stages of bisexual identity development**. The lack of social validation for bisexual feelings may result in pressure to label oneself heterosexual or homosexual. **Choosing either option may result in sadness and a sense of loss**.

Even if a bisexual man resists "choosing sides," he often has to compartmentalize his life into heterosexual and homosexual domains. **Because of homophobia or perceived homophobia, bisexual men may hide their homosexual feelings from their family members and heterosexual friends. Maintaining such dual and relatively disconnected identities perpetuates feelings of shame and fragmentation. Clinicians should help bisexual clients work through their confusion, which can be reframed as a healthy response to society's simplistic, dichotomous view of sexuality**. Bisexual clients usually require some sense of approval of their unique sexuality—to learn that feeling attraction for both men and women is not a sign of illness (Lourea, 1985). **Clinicians may also want to guide clients toward greater tolerance for ambiguity and sex-role flexibility, characteristics that may facilitate their comfort with bisexual attraction**.

We have focused our discussion on the difficulties of men who have strong and lasting attractions to both genders—most typically, members of the previously mentioned dual involvement category. However, as our classification system makes clear, we believe that some bisexual men—whether defined by sexual behavior or self-identity—really are in transition to becoming homosexual. **For these men, seeing themselves as bisexual and/or having sex with both men and women may be less anxiety-provoking than adopting a homosexual identity**. Adhering to a bisexual identity may assuage the sense of social isolation common to the process of coming out (Cass, 1979). **By assuming a bisexual identity, a man can retain his feelings of commonality with his heterosexual peers and can lessen his sense of being different**.

Although it is helpful for clinicians to be aware of the

possibility that a bisexual identity can be part of the coming-out process, issues in therapy are similar, regardless of the eventual self-perceived sexual orientation of the client. **Addressing self-homophobia is an important therapeutic goal for all bisexual clients. Also, counselors should assist clients in working through the anxiety and depression associated with sexual behavior or orientation, as well as with disclosing their homosexual activity or feelings to others.**

Relationships Issues

Prior to the HIV epidemic, most research on bisexual men focused on married men (e.g., Brownfain, 1985; Coleman, 1982; Hays & Samuels, 1989; Matteson, 1985; Wolf, 1985). Two findings were fairly consistent in these and other similar studies: **most of the men were aware of their attraction to men before they married, and most had not disclosed their attraction to men or their sexual activity with men to their female partners.** Our own research is consistent with these conclusions and extends them to unmarried men (Stokes, McKirnan, & Burzette, 1993; Stokes, McKirnan, Doll, & Burzette, 1994). In our more recent study of behaviorally bisexual men, 71% of all female sexual partners of our respondents and 59% of their steady female partners had not been told of the men's homosexual behavior.

Bisexual men have many reasons not to disclose their homosexual feelings and activities to their female partners. In relationships based on the explicit or tacit acceptance of monogamy, nondisclosure is necessary to avoid admitting to extrarelationship liaisons. Disclosing homosexual relations may be especially problematic. When we asked our nondisclosing respondents why they had not told their female partners about their homosexual activities, most men reacted as if the question were ridiculous. To them, **the reasons for nondisclosure were overwhelmingly self-evident.**

The bisexual man who discloses his same-sex attraction to his female partner must be prepared for a variety of reactions, including her unwillingness to continue in the relationship. **Sometimes the woman is unwilling to accept the man's bisexual behavior, and he is faced with a choice of suppressing his same-sex attraction or losing his relationship with the woman.** If the former option were viable, homosexual attraction usually never would have been disclosed.

Integrating the man's bisexuality into an ongoing heterosexual marriage or relationship is extremely difficult. Just as it may have been difficult for the bisexual man to come to terms with his bisexuality, the woman will need time to digest the news before acceptance is even a possibility. **She may react with any combination of confusion, hurt, rage, grief, or disgust. On the other hand, Gochros (1991) noted that many women are less vindictive and homophobic than the men expect when told of their partner's bisexuality.**

Wolf (1985) maintained, and we agree, that **the man who discloses his bisexual attraction to his female partner must be prepared to be her primary source of support following disclosure.** She will frequently be too embarrassed to turn to others for support. However, in some cases, she may also be too hurt or angry to accept support from her male partner—at least in the short run.

Being supportive of his wife or partner and dealing with his own homosexual attraction can be exhausting for the bisexual man. However, the situation is frequently even more stressful for the woman, because **she often feels victimized and cheated.** Moreover, **the man may feel a certain exhilaration associated with discovering and/or exploring his homosexual feelings; for the woman, there is no positive** side to counter the devastating loss she usually feels. Keeping the relationship together through the coming-out process is extremely difficult, even when both parties are committed in this endeavor. Without such commitment on the part of both parties, efforts to maintain the relationship are futile. **At some point in this process, counseling for the couple is**

indicated, often in conjunction with individual counseling for both partners.

When issues of bisexuality emerge in either a heterosexual or homosexual relationship, counseling should focus on a number of concerns, including homophobia, competitive insecurities, and monogamy (Lourea, 1985). Both partners of a heterosexual couple need to explore their attitudes toward homosexuality, including the idea that homosexuality is pathologic or sinful. Included in this exploration is the bisexual man's internalized homophobia. **In homosexual relationships, self-homophobia may manifest as the bisexual partner's desire to remain closeted or by continued deference to any heterosexual relationships in his life.**

Bisexual attraction raises understandable issues of insecurity, even when the underlying relationship is strong. The bisexual man's partner (male or female) recognizes that he or she cannot compete with a potential partner of the other sex. However, being bisexual does not necessarily imply concurrent partners of both sexes, nor does it preclude having a monogamous relationship. **Some bisexual men have sequential relationships with men and women and are faithful to sexual partners for as long as the relationship lasts**, whereas others prefer to negotiate an open relationship with their main partner—**often a relationship that allows only sexual relationships with the gender other than the main partner.** Maintaining such open relationships, regardless of sexual orientation, is difficult and problematic. Knowledge of and commitment to safe sex practices are crucial in this era of HIV and AIDS.

Coleman (1982) studied a clinical sample of married couples in which the husbands were bisexual. He found that **love, commitment, sexual contact, and a high degree of communication were related to successful marital adjustment**—factors related to successful marriages even when bisexuality is not an issue. Coleman also found that **the marriage was more likely to succeed if the wife had a sense of independence and self-worth outside the marriage.**

Marital adjustment and satisfaction in a relationship where the man is bisexual have also been found to correlate positively with the wife's having: a more complete knowledge of her husband's homosexual feelings and activities; earlier onset and knowledge of the husband's bisexuality in the marriage; absence of sexual problems; and positive self-esteem (Coleman, 1985; Wolf, 1985). Gochros (1991) also emphasized the importance of honesty and forthrightness in the husband's communication with his wife about his homosexual feelings and experiences.

Strong relationships are characterized by open and honest communication. **When homosexual attraction or behavior persists for a man, he should inform his female partner.** Disclosing the homosexual attraction or behavior often reduces the man's stress, and it seems only fair that the woman should be informed. However, **the decision to inform the woman, like any decision involving intimate disclosure, must be made by the client. The client should also be prepared for a negative reaction, which can mean the end of the relationship.** Still, in many cases, the reaction is supportive, even though the woman will likely be distressed or bemused.

Bisexuality and HIV/AIDS

Attempts to understand and control the HIV/AIDS epidemic have provided the impetus for what little research has been conducted with bisexual men. Underlying the focus on bisexual men is a fear that they will serve as a bridge for the virus to travel from homosexual to heterosexual communities.

Although it is probably **not so large a role as intravenous drug use or the sexual behavior of either exclusively heterosexual or homosexual men, the sexual behavior of bisexual men has played a role in the spread of HIV.** Clearly, clinicians seeing behaviorally bisexual men should be informed about HIV and AIDS and should be sure their clients are knowledgeable about how to protect themselves and their partners from the transmission of HIV.

When clients have engaged in high-risk behaviors, especially anal intercourse with men without a condom and sharing needles while injecting drugs, clinicians should encourage them to be tested for HIV antibodies, just as they would recommend diagnostic procedures for any other potential medical problem. Clients who are worried about being infected with HIV, even if such a worry seems irrational given the client's past behavior, may also benefit from testing.

Clinicians should be informed about the procedure and the locations where HIV testing is available. HIV testing is performed in most metropolitan areas through local health departments as well as private physicians. In many areas, such testing provided by health departments is free and anonymous. **One way to learn about the procedures and the quality of pre-test and post-test counseling at a particular location is for clinicians to be tested themselves.**

Familiarity with the basics of HIV-antibody testing enables clinicians to supplement pre-test and post-test counseling provided by the testing site. Clients may be better able to process information about HIV-antibody testing and the implication of their own test results in the context of a therapeutic relationship than in a counseling session at a testing site. **Clinicians also should fully process the meaning of any test result with their clients, including how the result may affect their clients' behavior.** For instance, some clients may react irrationally to an HIV-antibody test result, misconstruing a negative result as permission to engage in high-risk sexual behavior. For others, **a positive result may lead to a fatalistic assumption that avoiding high-risk activity is no longer important.**

Our experience has been that men who are infected with HIV do not always disclose their seropositivity to sexual partners, including steady ones. Some HIV-infected clients might think that disclosing their seropositive status is unnecessary if they use condoms. However, **we take strong exception to this choice because it denies their sexual partners the right to decide for themselves what level of risk is acceptable to them.**

When an HIV-infected man regularly has intercourse without a condom with an identifiable partner and does not disclose his HIV status, clinicians should encourage the client to inform his partner. If he refuses, clinicians can consider informing the partner themselves. **The legalities surrounding such a decision and the liability of failing to inform have not been uniformly addressed in court decisions.** Of course, informing the partner of a client will likely do serious harm to the therapeutic relationship. Therefore, one could argue that maintaining confidentiality in the therapeutic relationship, as well as using the therapy to encourage the client to change his behavior, would be more likely to reduce the spread of HIV than would informing an at-risk partner. For a more thorough discussion of these issues, please see Knapp and VanderCreek (1990). "

Implications for Clinical Practice

As with any issue in therapy, clinicians need to understand fully their own thoughts, feelings, and reactions to the issues under consideration. **Given our society's reticence and discomfort about sexuality in general and homosexuality in particular, to know oneself in these areas requires intense examination.** Clinicians must exert additional effort to clarify their values and beliefs with respect to sexual orientation and behavior—including having multiple sexual partners and engaging in anonymous sex—if they are to be effective in helping clients work through these and similar issues. **Methods available to clinicians include reading about sexuality and sexual orientation, self-reflection, as well as discussion with friends, colleagues, and supervisors.**

There are **two general areas of inquiry** for a clinician dealing with a man who may be questioning his sexual orientation. **The first is to determine where his interests lie.** This means more than determining to whom one is sexually attracted. The task here is **not to find a**

satisfactory label for the client's sexual orientation, but to explore fully his feelings, issues of intimacy (in a nonsexual sense), attitudes, and behaviors in all of their complexity. Some clients may conclude that their attraction to men is limited and that future homosexual attraction or behavior is relatively unlikely; for others, the focus of therapy will be the confusion or guilt associated with past homosexual feelings or behavior.

The second area of inquiry is most salient when the client decides that same-sex attraction is real and substantial. **When a man self-identifies as bisexual or homosexual, we must explore what meaning this self-identification has for him and how he will handle his feelings. For many men, this process involves working through anger and guilt, as well as rejecting the prevailing notions of homosexual activity as categorically wrong and immoral**. It means realizing that they are not at fault or somehow deficient because of their attraction to members of the same sex.

The degree to which homosexual or bisexual attraction is a choice becomes an issue for many clients. Usually, with the support and structure provided by psychotherapy, clients who are uncomfortable with their homosexual feelings realize that they have not chosen to be attracted to men. Available evidence supports the view that there *is* a biologic basis for sexual orientation, which is not to say that contextual, environmental factors are not important as well. For a comprehensive review of the evidence linking homosexuality to biology, interested readers should consult Burr (1993).

Working with clients who are concerned about sexuality and sexual orientation is challenging for mental health professionals. Not only must clients address their own distress and anxiety related to sexual feelings and behavior, they must also decide when, how, and to what degree they will disclose these issues to significant others in their lives. Helping clients become aware of and comfortable with their sexual orientation can be beneficial and gratifying to client and therapist alike.

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Questions Based On This Lesson

29. When counseling bisexual clients who have internalized society's dichotomous classification of sexuality, which of the following do the authors recommend?

A. Remind the client that eventually all of us must choose between heterosexuality and homosexuality

B. Help clients work through their confusion by encouraging them to commit fully to their homosexual inclination because bisexuality is only a transitional phase

C. Guide clients toward a greater tolerance for ambiguity and sex-role flexibility to facilitate comfort with bisexual attraction

D. Assist clients in working through the anxiety and depression associated with their sexual behavior or orientation, while always discouraging disclosure of their homosexual activity or feelings to others

30. According to the authors, which of the following statements is false?

A. By assuming a bisexual identity, a man can retain his feelings of commonality with his heterosexual peers, thereby diminishing his sense of being different.

B. Informing a client's partner of the client's HIV seropositivity after encouraging the client to do so himself is an absolute breach of confidentiality and results in minimum punitive damages of $5000 in most courts of law.

C. Self-labelling as bisexual and having sex with both men and women is far less anxiety-inducing than self-identifying as homosexual.

D. For some clients, a positive HIV antibody test may lead to the fatalistic assumption that avoiding high-risk behaviors is no longer important.

31. According to the authors, all of the following factors contribute to the success of marriages in which the man is bisexual *except*:

A. The husband seeks to actively involve his wife in his bisexual activities via multiple-partner sex

B. The husband is forthright about his homosexual feelings and activities

C. The wife has a solid sense of her self-worth and independence

D. Love, commitment, and open communication—factors that contribute to the success of marriages where bisexuality is not an issue—figure prominently in marriages involving bisexuality

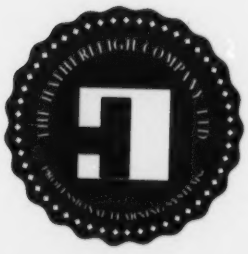
32. Which of the following groups do the authors cite as the most likely to seek psychotherapy to deal with issues of sexuality?

A. Occasional experimenters

B. Men in transition

C. Opportunists

D. Participants in dual involvement



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